

September 30, 2014

Honorable Mike Shirkey
N-999 House Office Building
Lansing, Michigan 48933

Dear Representative Shirkey:

I am writing you to request support for expanding Bachelor of Nursing (BSN) programs to community colleges in Michigan. I offer this request based on my perspectives as a chief nursing officer at OSF St. Francis Hospital in Escanaba and as a member of the Bay College Board of Trustees.

Many nursing students are non-traditional students. Many work their way through school while raising their families. It is not unusual to see a student start as a nurse aid and progress through licensed practical nurse to an associate degree in nursing. Sadly, that is the stopping point for about 80% of the nurses in our area. Nurses with associates' degrees (AD) are fully licensed and trained to begin entry level nursing work, but they graduate task oriented. The BSN program further develops nursing students into true professionals and helps them hone critical thinking skills. Critical thinking skills are necessary for safe, quality nursing care. Courses offered towards BSNs include quality, ethics, leadership and care management. Several recent studies have provided evidence that patients have improved outcomes and mortality when cared for in hospitals with higher percentages of BSN prepared nurses. I added two clips on the second page for your reference. I anticipate that nurses must obtain a BSN to enter the workplace.

Community colleges are ideally positioned to assist nursing professionals obtain a BSN while they remain in the workplace. The most expensive part of nursing programs is incurred during the clinical courses. The student to instructor ratios is 8:1 in this phase. BSN classes are largely classroom settings where the expenses are the lowest. This could help community colleges offset the expense of an AD program. This is part of the reason online BSN completion programs have exploded in popularity. There is value in face to face education, and I would like to see Bay College host a BSN completion program onsite. The staff, educators and leadership at Bay College have the desire and skills to establish a quality BSN program. Please give us the opportunity to develop a BSN program so we can serve the patients with safe, evidence based care.

Respectfully submitted,
Joy E. Hopkins, RN, BSN, MHA
Bay College Trustee
Vice President, Patient Care Services
OSF St. Francis Hospital

Nurse Staffing And Education And Hospital Mortality In Nine European Countries: A Retrospective Observational Study

The Lancet, Feb. 26, 2014

This is a comprehensive study of nursing that links education level with mortality.

This study was the first to examine actual clinical outcomes in nations across Europe. It found that an increase in a nurses' workload by one patient increased the likelihood of an inpatient dying within 30 days of admission by 7 percent. Both the quality and quantity of nurses on a hospital staff have a major influence on whether inpatients patients die. The difference between mortality rates can be up to 30 percent.

Hospital Nursing and 30-Day Readmissions Among Medicare Patients With Heart Failure, Acute Myocardial Infarction, and Pneumonia

Medical Care, January 2013

Readmissions for the same illness within 30 days after a hospital stay cost Medicare \$15 billion annually. Nurses in the hospital are in frontline positions to promote optimal care that could reduce readmissions.

These researchers sought to understand how the nurse work environment, staffing levels, and nurse education affects 30-day readmission for Medicare patients with heart failure, acute myocardial infarction, and pneumonia. Readmission for these three conditions often are preventable, and new legislation will reduce Medicare payments to hospitals that have higher-than-expected readmission rates. Researchers randomly sampled all licensed nurses working in 412 hospitals in California, Pennsylvania, and New Jersey.

Nearly one-third of the hospitals had good work environments, another third had poor work conditions, and the remainder were mixed. Comparing the good with the poor, good work environment hospitals had lower odds of 30-day readmission for heart failure (7%), myocardial infarction (6%), and pneumonia (10%).

Nurse education (average proportion of BSN-prepared nurses was 39%), generally was not associated with readmission except for pneumonia where 10 percent more nurses with BSNs lowered odds of readmission by 3 percent.